

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RM1</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## Filing at a Glance

Company: Genworth Life Insurance Company	
Product Name: Group LTC7046.7050.7053	SERFF Tr Num: GEFA-127927439 State: Arkansas
TOI: LTC03G Group Long Term Care	SERFF Status: Closed-Filed State Tr Num: 50572
Sub-TOI: LTC03G.001 Qualified	Co Tr Num: 46866_12.01.11_RM1 State Status: Re-opened
Filing Type: Advertisement	Reviewer(s): Donna Lambert
	Disposition Date: 01/06/2012
	Authors: Marcia Chalfant, Andy Zimmerman, Kathleen Hamby, Michael DeWitt
	Date Submitted: 12/27/2011 Disposition Status: Filed
Implementation Date Requested: On Approval	Implementation Date: 02/06/2012
State Filing Description:	

## General Information

Project Name: Group LTC All Products RedMat1	Status of Filing in Domicile: Pending
Project Number: 46866_12.01.11	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted simultaneously in DE, our state of domicile.
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer, Association, Discretionary, Trust, Other	Explanation for Other Group Market Type: Labor Union
Overall Rate Impact:	Filing Status Changed: 01/06/2012
	State Status Changed: 01/05/2012
Deemer Date:	Created By: Marcia Chalfant
Submitted By: Marcia Chalfant	Corresponding Filing Tracking Number:
Filing Description:	
Group Long Term Care Insurance Advertising, Form Numbers 46866 12/01/11 et al	

On behalf of Genworth Life Insurance Company, we submit, for the Department's approval, the advertising forms 46866 12/01/11 et al. This is new material and will not replace any advertisements previously filed by Genworth Life Insurance Company.

This advertising is intended for use by eligible persons under Genworth Life's issued group contracts. The contracts

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

may be issued under different, approved policy form series – 7046, 7050, and 7053. The Arkansas Department of Insurance approved the product series:

7046: September 13, 2005, and subsequently, most recent SERFF Filing ID Number GEFA-125368281

7050: September 11, 2008 under Filing ID Number GEFA-125754849

7053: June 20, 2011 under Filing ID Number GEFA-127125383

The submitted material consists of invitations to inquire and includes announcements and letters, from the group client and from Genworth Life, delivered through both paper and electronic mail. It also includes sample rate quotes. A Forms List of the (14) items is attached as Supporting Documentation.

Variables in the material account for case specific information and plan design, and are bracketed. The Explanation of Variability (EOV) describes the intent of the variable material.

We hope you find this submission satisfactory and look forward to your response. If helpful to the Department's review, Kathy Hamby, Genworth Life's Group Compliance Leader, is available to you to address any issues as they are identified.

Thank you for your time and consideration of our request. We trust that you will find our filing to be in order and hope that you will grant your Department's approval to this submission. If you have any questions, please feel free to contact me at 800.284.5568, extension 813.5085 (toll free).

## Company and Contact

### Filing Contact Information

Marcia Chalfant, Policy Contract Analyst	marcia.chalfant@genworth.com
6620 W Broad Street	804-922-5085 [Phone]
Bldg 1	804-662-2596 [FAX]
Long Term Care	
Richmond, VA 23230-1700	

### Filing Company Information

Genworth Life Insurance Company	CoCode: 70025	State of Domicile: Delaware
6610 W Broad Street	Group Code: 4011	Company Type: LifeHealth & Annuity
Richmond, VA 23230	Group Name:	State ID Number:
(804) 281-6600 ext. [Phone]	FEIN Number: 91-6027719	

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<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$700.00
Retaliatory?	No
Fee Explanation:	14 items at \$50 each
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$700.00	12/27/2011	54839767
Genworth Life Insurance Company	\$50.00	01/05/2012	55067602

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
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<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Filed	Donna Lambert	01/06/2012	01/06/2012
Filed	Donna Lambert	12/28/2011	12/28/2011

### Amendments

<b>Schedule</b>	<b>Schedule Item Name</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Form	Benefit Eligibility, Limitations & Exclusions	Marcia Chalfant	01/05/2012	01/05/2012
Supporting Document	Explanation of Variability 46866 12.01.11 et al Letters	Marcia Chalfant	01/05/2012	01/05/2012
Supporting Document	Forms List for Submitted Advertising 46866 12.01.11 et al	Marcia Chalfant	01/05/2012	01/05/2012

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Reopen Filing	Note To Filer	Donna Lambert	01/05/2012	01/05/2012
Request to reopen the submission	Note To Reviewer	Marcia Chalfant	01/05/2012	01/05/2012

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## Disposition

Disposition Date: 01/06/2012

Implementation Date: 02/06/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-127927439 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 50572  
Company Tracking Number: 46866\_12.01.11\_RMI  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group LTC7046.7050.7053  
Project Name/Number: Group LTC All Products RedMat1/46866\_12.01.11

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Explanation of Variability 46866 12.01.11 et al Letters	Filed	Yes
<b>Supporting Document</b>	Explanation of Variability 46866 12.01.11 et al Letters	Replaced	Yes
<b>Supporting Document (revised)</b>	Forms List for Submitted Advertising 46866 12.01.11 et al	Filed	Yes
<b>Supporting Document</b>	Forms List for Submitted Advertising 46866 12.01.11 et al	Replaced	Yes
<b>Form</b>	Program Announcement PPR	Filed	Yes
<b>Form</b>	Program Announcement ACC	Filed	Yes
<b>Form</b>	Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet PPR	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet ACC	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter	Filed	Yes
<b>Form</b>	Benefit Eligibility, Limitations & Exclusions	Filed	Yes

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## **Disposition**

Disposition Date: 12/28/2011

Implementation Date: 01/30/2012

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-127927439 State: Arkansas  
Filing Company: Genworth Life Insurance Company State Tracking Number: 50572  
Company Tracking Number: 46866\_12.01.11\_RMI  
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
Product Name: Group LTC7046.7050.7053  
Project Name/Number: Group LTC All Products RedMat1/46866\_12.01.11

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document (revised)</b>	Explanation of Variability 46866 12.01.11 et al Letters	Filed	Yes
<b>Supporting Document</b>	Explanation of Variability 46866 12.01.11 et al Letters	Replaced	Yes
<b>Supporting Document (revised)</b>	Forms List for Submitted Advertising 46866 12.01.11 et al	Filed	Yes
<b>Supporting Document</b>	Forms List for Submitted Advertising 46866 12.01.11 et al	Replaced	Yes
<b>Form</b>	Program Announcement PPR	Filed	Yes
<b>Form</b>	Program Announcement ACC	Filed	Yes
<b>Form</b>	Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Sample Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet PPR	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet ACC	Filed	Yes
<b>Form</b>	Cover Letter for LTC Booklet	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter PPR	Filed	Yes
<b>Form</b>	Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter ACC	Filed	Yes
<b>Form</b>	Ann Rate Quote Letter	Filed	Yes
<b>Form</b>	Benefit Eligibility, Limitations & Exclusions	Filed	Yes



<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## **Amendment Letter**

Submitted Date: 01/05/2012

### **Comments:**

Thank you for allowing us to amend our submission as described herein.

- Group Long Term Care Insurance Advertising, Form Number 49177 07/01/11,
- Addendum to Explanation of Variability for use with the advertising 46866 12/01/11 et al, and a
- Revised Forms List of advertising in the submission

On behalf of Genworth Life Insurance Company, we submit, for the Department's approval, the referenced advertising material to support a number of the letters in the advertising submission of 46866 12/01/11 et al pending in your state under (reopened) SERFF No. GEFA-127927439. This is new material and will not replace any advertisements previously filed by Genworth Life Insurance Company.

With the state's permission, we amend the referenced advertising filing to add this new material which includes revision to the:

1. Form Schedule, adding the form number 49177 07/01/11, Benefit Eligibility Limitations and Exclusions; and the
2. Supporting Document Schedule, adding a Forms List, to replace the one previously submitted, and reflecting (9) letters which are submitted as Invitations to Contract, rather than to Inquire; and the
3. Supporting Document Schedule, adding an Addendum to the Explanation of Variability for the bracketed variables in the additional form 49177 07/01/11.

Specifically, this amendment supports (9) letters, previously submitted, which provide premium costs to eligible persons under Genworth Life's issued group contracts. There is no change to the intended purpose and scope for use of all the material in the submission.

The form 49177 07/01/11, Benefit Eligibility, Limitations and Exclusions will always be provided along with any of the following advertising forms:

#### **Form Number Title**

46872 12/01/11 Rate Quote Letter PPR  
47979 12/01/11 Sample Rate Quote Letter PPR  
47979H 12/01/11 Sample Rate Quote Letter PPR  
47980 12/01/11 Sample Rate Quote Letter ACC  
47980H 12/01/11 Sample Rate Quote Letter ACC  
46872H 12/01/11 Ann Rate Quote Letter PPR

SERFF Tracking Number: GEFA-127927439 State: Arkansas  
 Filing Company: Genworth Life Insurance Company State Tracking Number: 50572  
 Company Tracking Number: 46866\_12.01.11\_RMI  
 TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified  
 Product Name: Group LTC7046.7050.7053  
 Project Name/Number: Group LTC All Products RedMat1/46866\_12.01.11

46873 12/01/11 Rate Quote Letter ACC

46873H 12/01/11 Ann Rate Quote Letter ACC

46873HC 12/01/11 Ann Rate Quote Letter

In addition, we have submitted \$50 more in filing fees via EFT in SERFF. If anything further is required, please let us know.

We hope you find this amendment to our submission satisfactory and look forward to your response.

#### Changed Items:

##### Form Schedule Item Changes:

##### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
49177 07/01/11	Advertising	Benefit Eligibility, Limitations & Exclusions	Initial					49177_07011 1_variables01 .04.12.pdf

##### Supporting Document Schedule Item Changes:

##### User Added -Name: Explanation of Variability 46866 12.01.11 et al Letters

Comment: With our amendment dated 1/5/12 we have added an Addendum to the Explanation of Variability for the form 49177.

EOV Part1 46866 etal FILE.pdf

EOV ADDEND Kit Part1 01.05.12.pdf

##### User Added -Name: Forms List for Submitted Advertising 46866 12.01.11 et al

Comment: With our amendment dated 1/5/12 we have revised the Forms List to replace that which was previously submitted. Revisions are shown with underscore.

Group Kit Submission FORMS LIST Amend01.04.12.pdf

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<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

**Note To Filer****Created By:**

Donna Lambert on 01/05/2012 12:59 PM

**Last Edited By:**

Donna Lambert

**Submitted On:**

01/05/2012 12:59 PM

**Subject:**

Reopen Filing

**Comments:**

The filing is reopened.

*SERFF Tracking Number:*      *GEFA-127927439*      *State:*      *Arkansas*  
*Filing Company:*      *Genworth Life Insurance Company*      *State Tracking Number:*      *50572*  
*Company Tracking Number:*      *46866\_12.01.11\_RMI*  
*TOI:*      *LTC03G Group Long Term Care*      *Sub-TOI:*      *LTC03G.001 Qualified*  
*Product Name:*      *Group LTC7046.7050.7053*  
*Project Name/Number:*      *Group LTC All Products RedMat1/46866\_12.01.11*

**Note To Reviewer**

**Created By:**

Marcia Chalfant on 01/05/2012 12:48 PM

**Last Edited By:**

Marcia Chalfant

**Submitted On:**

01/05/2012 12:49 PM

**Subject:**

Request to reopen the submission

**Comments:**

We appreciate the state's disposition last week, but request permission to amend this filing. Would that be possible?

We would like to (1) add a form that should appear with much of the advertising, (2) revise the Forms List and (3) add Variability for the additional form.

Please let us know if you would reopen the submission to reconsider this material that supports the filed submission.

Respectfully,  
Marcia Chalfant

SERFF Tracking Number: GEFA-127927439 State: Arkansas

Filing Company: Genworth Life Insurance Company State Tracking Number: 50572

Company Tracking Number: 46866\_12.01.11\_RMI

TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified

Product Name: Group LTC7046.7050.7053

Project Name/Number: Group LTC All Products RedMat1/46866\_12.01.11

## Form Schedule

**Lead Form Number: 46866\_12.01.11**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 12/28/2011	46866 12/01/11	Advertising	Program Announcement PPR	Initial		0.000	46866_120111_VariableLang.pdf
Filed 12/28/2011	46869 12/01/11	Advertising	Program Announcement ACC	Initial		0.000	46869_120111_VariableLang.pdf
Filed 12/28/2011	46872 12/01/11	Advertising	Rate Quote Letter PPR	Initial		0.000	46872_120111_VariableLang.pdf
Filed 12/28/2011	47979 12/01/11	Advertising	Sample Rate Quote Letter PPR	Initial		0.000	47979_120111_VariableLang.pdf
Filed 12/28/2011	47979H 12/01/11	Advertising	Sample Rate Quote Letter PPR	Initial		0.000	47979H_120111_VariableLang.pdf
Filed 12/28/2011	47980 12/01/11	Advertising	Sample Rate Quote Letter ACC	Initial		0.000	47980_120111_VariableLang.pdf
Filed 12/28/2011	47980H 12/01/11	Advertising	Sample Rate Quote Letter ACC	Initial		0.000	47980H_120111_VariableLang.pdf
Filed 12/28/2011	46951 12/01/11	Advertising	Cover Letter for LTC Booklet PPR	Initial		0.000	46951_120111_VariableLang12.22FILE.pdf
Filed 12/28/2011	46959 12/01/11	Advertising	Cover Letter for LTC Booklet ACC	Initial		0.000	46959_120111_VariableLang12.22FILE.pdf
Filed 12/28/2011	46959C 12/01/11	Advertising	Cover Letter for LTC Booklet	Initial		0.000	46959C_120111_Variable

SERFF Tracking Number:	GEFA-127927439	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	50572
Company Tracking Number:	46866_12.01.11_RMI		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group LTC7046.7050.7053		
Project Name/Number:	Group LTC All Products RedMat1/46866_12.01.11		

Filed	46872H	Advertising Ann Rate Quote	Initial	0.000	Lang12.22FIL
12/28/2011	12/01/11	Letter PPR			E.pdf
					46872H_1201
					11_Variable
					Lang.pdf
Filed	46873	Advertising Rate Quote Letter	Initial	0.000	46873_12011
12/28/2011	12/01/11	ACC			1_Variable
					Lang.pdf
Filed	46873H	Advertising Ann Rate Quote	Initial	0.000	46873H_1201
12/28/2011	12/01/11	Letter ACC			11_Variable
					Lang.pdf
Filed	46873HC	Advertising Ann Rate Quote	Initial	0.000	46873HC_12
12/28/2011	12/01/11	Letter			0111_Variabl
					e
					Lang12.27FIL
					E.pdf
Filed	49177	Advertising Benefit Eligibility,	Initial		49177_07011
01/06/2012	07/01/11	Limitations &			1_variables01
		Exclusions			.04.12.pdf

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee] 1,2,3  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [Carrie],

[Group Name] is pleased to announce an important [new ][voluntary ][employee ] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

**Why long term care insurance?**

Long term care insurance is an essential part of any sound financial plan. It covers expenses for long term care whether received at home, in the community or in a nursing facility. It can help you:

- Protect the savings you've worked hard to accumulate as part of your retirement plan.
- Protect you and your family from the cost and burden of providing care.
- Control how and where you receive care — even allowing you to stay in your own home if your situation allows.

Long term care insurance complements your other benefit offerings by meeting a need many of us may have someday. Two-thirds of us may need long term care services after we reach age 65<sup>1</sup>, and neither health nor disability insurance are designed to cover long term care expenses. Relying on government programs may not be a viable solution either.

**Is it right for you?**

Building a sound financial plan for your future is likely a top priority; but have you considered how important a role long term care insurance can play? Take this opportunity to learn what it can do for you. As a [Group Name] eligible [employee], you can now apply for this valuable coverage at competitive group rates. [With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]

**[Next steps:**

- Watch your mail for [your personalized premium quote/additional information].
- [ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXXX]] or ]
- Call [888 888.8888] to request a free information kit or have an expert on this Program answer your questions.

The [website and the] free information kit contain[s] all the details of this Program, including costs, benefits, and any restrictions that apply. ]

I encourage you to learn all you can about this Program and consider how this benefit may strengthen your financial plan ... There may never be a better time!

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company]/[Group Name]

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]][actively-at-work employee/member in good standing/retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] / [P.S. Review your coverage options now. The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]]

<sup>1</sup> National Clearinghouse Long Term Care Information— "Own Your Future" website, U.S. Department of Health and Human Services, Last Updated October 22, 2008.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee] 1,2,3  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

[Group Name] is pleased to announce an important [new] [voluntary] [employee] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit, based on its history of leadership and experience in the long term care insurance industry. 1,2,3

**Why long term care insurance?**

Long term care insurance enhances your [employee] benefits by meeting a need many of us may have someday. It covers expenses for long term care, whether received at home, in the community, or in a nursing facility. Here are a few points to consider: 3

- Two-thirds of us will likely need some kind of long term care as we grow older.<sup>1</sup>
- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or income.

**Is it right for you?**

It's more important than ever to find ways to take personal control of your finances and your future. Take advantage of this opportunity to learn what long term care insurance can do to help protect your financial future. As a [Group Name] eligible [employee], you can now apply for this valuable coverage at competitive group rates. [With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].] 1,3,1

**[Next steps:**

- Watch your mail for [your personalized premium quote/additional information].
- [ • Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXXX]] or ]
- Call [888 888.8888] to request a free information kit or have an expert on this Program answer your questions. 3  
2  
1

The [website and the] free information kit contain[s] all the details of this Program, including costs, benefits, and any restrictions that apply. 1,3

I encourage you to take a few minutes to learn about this Program, evaluate your choices, and find a plan that helps meet your needs.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company]/[Group Name] 1

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee/member in good standing/retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.]/[P.S. Review your coverage options now. The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]] 2  
3  
1

<sup>1</sup> National Clearinghouse Long Term Care Information— "Own Your Future" website, U.S. Department of Health and Human Services, Last Updated October 22, 2008.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation. 1  
2



[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

## Help protect what matters – your family, your finances and your future

### A PERSONAL QUOTE: GROUP LONG TERM CARE INSURANCE FOR [CARRIE SMITH]

Dear [Carrie],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/State nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most of us would rather not rely upon.

### A solution to fit your needs and budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of choices available to tailor a plan that suits your individual needs and your budget. Based on your age [of [xx]/as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

### [Group Name's/This] Program offers coverage for [Carrie Smith] starting at [\$XX.XX] per month.

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

- Go to [www.genworth.com/grouppltc](http://www.genworth.com/grouppltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXX]] or
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.

The [website and] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company/Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/ Group Name]. ][The initial enrollment period ends [month day, year].]

<sup>1</sup> Genworth [2010] Cost of Care Survey, conducted by CareScout, [04/10].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care] and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

## Help protect what matters – your family, your finances and your future

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [Carrie],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/[State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

### A solution to fit your needs and budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your budget. Based on a [Daily/Monthly] Benefit of \$[xxx] and a Total Coverage of \$[xxxxx], here are the monthly costs for a range of ages.

**[Group Name's/This] Program offers coverage<sup>3</sup> for [a [40]-year-old] starting at \$[XX.XX] per month.**

AGE	[40]	[50]	[60]
MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) for details about this Program or to enroll online.  
[Use Group ID [XXXXXX] and Access Code [XXXX]] or

- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.

The [website and] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company/Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group/ Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the ["Buy more coverage over time"] benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and [does [not]] include the optional nonforfeiture benefit]. A waiting period of [90] [calendar/service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

## Help protect what matters – your family, your finances and your future

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [Carrie],

[Group Name] is pleased to announce an important [new][voluntary][employee] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/State nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most of us would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

### A solution to fit your needs and budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of choices available to tailor a plan that suits your individual needs and your budget. Based on a [Daily/Monthly] Benefit of \$[xxx] and a Total Coverage of \$[xxxxx], here are the monthly costs for a range of ages.

	AGE	[40]	[50]	[60]
[Group Name's/This] Program offers	MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
coverage <sup>3</sup> for [a [40]-year-old] starting at	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[\$XX.XX] per month.	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXX] and Access Code: [XXXX]] or]
- Call **[866 888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

The [website and the] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect your future from one of life's uncertainties

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area, State]/State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

### A simple solution to fit your budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your budget. Based on a [Daily/Monthly] Benefit of \$[xxx] and a Total Coverage of \$[xxxxx], here are the monthly costs for a range of ages.

	AGE	[40]	[50]	[60]
<b>[Group Name's/This] Program offers coverage<sup>3</sup> for [a [40]-year-old] starting at [\$XX.XX] per month.</b>	MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### Learn more!

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID [XXXXXX] and Access Code [XXXX]] or]
- Call [888 888.8888] to request a free information kit or have an expert on this Program answer your questions.

The [website and] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company/Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group/ Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/ service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect your future from one of life's uncertainties

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

[Group Name] is pleased to announce an important [new][voluntary] [employee] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area,State]/State nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

### A simple solution to fit your budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your budget. Based on a [Daily/Monthly] Benefit of \$[xxx] and a Total Coverage of \$[xxxxx], here are the monthly costs for a range of ages.

	AGE	[40]	[50]	[60]
<b>[Group Name's/This] Program offers coverage<sup>3</sup> for [a [40]-year-old] starting at \$[XX.XX] per month.</b>	MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
	TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to **[www.genworth.com/groupltc]** to learn more about this Program or to enroll online.  
[Use Group ID: [XXXX] and Access Code: [XXXX]] or,]
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

The [website and the] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/ service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now] Include [Voluntary] Group  
Long Term Care Insurance

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [Carrie],

[Group Name] [has added/offers] Group Long Term Care Insurance as part of your [employee] benefits. [We/ They] selected Genworth Life Insurance Company to provide this important benefit based on its experience and leadership in the long term care insurance industry.

**Long term care insurance can enhance your [employee] benefits by helping to:**

- Protect the savings you're working hard to accumulate as part of your retirement plan.
- Protect you and your family from the cost and burden of providing long term care.
- Control how and where you receive care – even allowing you to stay in your own home if your situation allows.

**[To learn more about how long term care insurance can help you and your family:**

- Read the enclosed brochure.
- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXX] and Access Code: [XXXX] or ]
- Call [888 888.8888] to request a free information kit or have an expert on this Program answer your questions.]

This is a great time to learn how this important benefit could help strengthen your financial plan.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company]/[Group Name]

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] / [P.S. Review your coverage options now. The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

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[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

[Group Name] [has added/offers] Group Long Term Care Insurance as part of your [employee ]benefits. [We/They] selected Genworth Life Insurance Company to provide this important benefit based on its experience and leadership in the long term care insurance industry.

Long term care insurance enhances your [employee] benefits by meeting a need many of us may have someday. It covers expenses for long term care services whether received at home, in the community, or in a nursing facility. Here are a few points to consider:

- Two-thirds of us will likely need some kind of long term care as we get older.<sup>1</sup>
- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or income.

**[To learn more about how long term care insurance can help you and your family:**

- Read the enclosed brochure.
- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online. [Use Group ID [XXXX] and Access Code [XXXX] or ]
- Call [888 888.8888](tel:888-888-8888) to request a free information kit or have an expert on this Program answer your questions.]

I encourage you to take a few minutes to learn all you can about this Program, evaluate your choices, and find a plan that helps meet your needs.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company]/[Group Name]

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] /P.S. Review your coverage options now. The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]]

<sup>1</sup> National Clearinghouse Long Term Care Information- "Own Your Future" website, U.S. Department of Health and Human Services, Last Updated October 22, 2008.

[Genworth logo/Group logo]

[Group Name ] [Voluntary ] [Employee ]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

[Group Name] is paying for a basic (core) level of Group Long Term Care Insurance [to/for [your/our] [employee(s)]/ as part of [your/our] [employee]] benefits. [We/They] selected Genworth Life Insurance Company to provide this important benefit based on its experience and leadership in the long term care insurance industry. [You now have a limited-time opportunity to apply for additional coverage (buy-up).]

Long term care insurance enhances your [employee] benefits by meeting a need many of us may have someday. It covers expenses for long term care services whether received at home, in the community, or in a nursing facility. Here are a few points to consider:

- Two-thirds of us will likely need some kind of long term care as we get older.<sup>1</sup>
- Neither health nor disability insurance will cover this kind of care.
- Relying on government programs may not be a viable solution.
- Without insurance, the costs of these services may have to come out of your savings or income.

**[To learn more about how long term care insurance can help you and your family:**

- Read the enclosed brochure.
- Go to **[www.genworth.com/groupltc]** to learn more about this Program or to enroll online.  
[Use Group ID [XXXXXX] and Access Code [XXXX]] or ]
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

I encourage you to take a few minutes to learn all you can about this Program, evaluate your choices, and find a plan that helps meet your needs.

Sincerely,

[Signature]

[Title], [Genworth Life Insurance Company]/[Group Name]

[P.S. With this Group Long Term Care Insurance Program, [there is no medical underwriting] [or,] [you have streamlined underwriting] [, depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] /P.S. Review your coverage options now. The younger you are when you apply, the lower your premium will be for comparable coverage. Plus, a future medical condition may keep you from qualifying for coverage later.]]t

<sup>1</sup> National Clearinghouse Long Term Care Information— "Own Your Future" website, U.S. Department of Health and Human Services, Updated October 22, 2008.



[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect what matters – your family, your finances and your future

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [Carrie],

[Group Name] is pleased to announce an important [new][voluntary][employee] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro area, State]/State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years<sup>2</sup>, a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most of us would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

### A solution to fit your needs and budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of choices available to tailor a plan that suits your individual needs and your budget. Based on your age [of [xx]/ as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

[Group Name's/This] Program offers coverage for [Carrie Smith] starting at [\$XX.XX] per month.

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive your premiums for this Program can be, don't delay—the younger you are, the lower your cost will be. To see how this coverage may help strengthen your financial plan...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXXXX]] or]
- Call **[866.888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

The [website and the] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/ service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect your future from one of life's uncertainties

### A PERSONAL QUOTE: GROUP LONG TERM CARE INSURANCE FOR [JOHN SMITH]

Dear [John],

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area,State]/State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon.

#### A simple solution to fit your budget

Under [the [Group Name/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your budget. Based on your age[ of [xx]/ as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

**[Group Name's/This] Program offers coverage for [John Smith] starting at [\$XX.XX] per month.**

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

#### [Learn more!]

Now that you've seen just how competitive your premiums for this Program can be, don't delay--the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to **[www.genworth.com/groupltpc]** to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXX]] or
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.

The [website and] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Signature]

[Title],

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs, retire or] leave [the [group]/Group Name]. ][The initial enrollment period ends [month day, year].]

<sup>1</sup> Genworth [2010] Cost of Care Survey, conducted by CareScout, [04/10].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [[75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect your future from one of life's uncertainties

**[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]**

Dear [John],

[Group Name] is pleased to announce an important [new][voluntary] [employee ]benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area,State]/State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could potentially cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

### A simple solution to fit your budget

Under [the [Group Name]/this] Group Long Term Care Insurance Program, coverage to help pay for long term care may be more affordable than you think. There are a variety of options available to tailor a plan that suits your individual needs and your budget. Based on your age [of [xx]/as of [date]], here are your monthly costs for a select range<sup>3</sup> of available options.

**[Group Name's/This] Program offers coverage for [John Smith] starting at [\$XX.XX] per month.**

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

### [Learn more!]

Now that you've seen just how competitive your premiums for this Program can be, don't delay--the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to [www.genworth.com/groupltc](http://www.genworth.com/groupltc) to learn more about this Program or to enroll online.  
[Use Group ID: [XXXXXX] and Access Code: [XXXX]] or]
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

The [website and the] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.

I encourage you to take a few minutes to see how this Program can work for you.

Sincerely,

[Name]

[Title]

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/ service] days applies.

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

[Genworth logo/Group logo]

[Group Name] [Voluntary] [Employee]  
Benefits [Now ]Include [Voluntary ]Group  
Long Term Care Insurance

## Help protect your future from one of life's uncertainties

[ENROLL BETWEEN [MONTH DAY, YEAR] AND [MONTH DAY, YEAR]]

Dear [John],

[Group Name] is pleased to announce an important [new][voluntary] [employee] benefit, Group Long Term Care Insurance. [We/They] have selected Genworth Life Insurance Company as the insurer for this benefit based on its history of leadership and experience in the long term care insurance industry.

As you may be aware, the costs for long term care services are high [and keep rising]. Today, a [private] room in [a/an] [Metro Area,State]/State] nursing facility averages \$[XX,XXX]<sup>1</sup> per year. Since an average stay is approximately three years,<sup>2</sup> a long term care situation could cost [hundreds of thousands of dollars/at least \$[xxx,xxx]].

If you don't have long term care insurance, the money to pay for these expenses may have to come from your savings, your family, your friends, or the government. All are options most people would rather not rely upon. It's more important than ever to find ways to take personal control of your finances and your future.

### A simple solution to fit your budget

Because [we/they] recognize the important role long term care insurance can play in protecting your financial future, [group name] provides for basic (core) level long term care insurance coverage for eligible [employees][ and ][their [spouses][or] [domestic] partners].

#### [Group Name] Coverage

Your [group name] basic (core) coverage consists of:

- A [Daily/Monthly] benefit of \$ [XXX,XXX]
- A Total Coverage Maximum of \$ [XXX,XXX]
- The [Buy more coverage over time] benefit increase option

[The [Group Name]/This] coverage is being provided at no cost to you. However, you now have an opportunity to increase your coverage (buy-up) during this enrollment. [The premium that [group name] pays for your basic coverage will be applied to reduce the premiums for the new coverage options you select.] Based on your age [of [xx]/ as of [date]], here are your monthly costs for a select range<sup>3</sup> of available buy-up options.

**[Group Name's/This] Program offers buy-up coverage for [John Smith] starting at [\$XX.XX] per month.**

YOUR MONTHLY COST	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
[DAILY/MONTHLY] BENEFIT	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]
TOTAL COVERAGE	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]	\$ [XXXX]

*Continued on back.*

<sup>1</sup> Genworth [2011] Cost of Care Survey, conducted by CareScout, [04/11].

<sup>2</sup> Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011].

<sup>3</sup> Assumes the "Buy more coverage over time" benefit increase protection, [75]% of the [Daily/Monthly] Benefit available for Assisted Living care, [75]% of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/ service] days applies.

**[Learn more!]**

Now that you've seen just how competitive your premiums for this Program can be, don't delay--the younger you are, the lower your cost will be. To see how this coverage may help add some certainty to your financial future...

- Go to **[www.genworth.com/groupltc]** to learn more about this Program or to enroll online.  
[Use Group ID: **[XXXXXX]** and Access Code: **[XXXX]**] or
- Call **[888 888.8888]** to request a free information kit or have an expert on this Program answer your questions.]

The [website and the] free information kit contain[s] the details of this Program, including costs, benefits and any restrictions that apply.]

I encourage you to take a few minutes to see how this Program can work for you.]

Sincerely,

[Name]

[Title]

[Genworth Life Insurance Company]/[Group Name]

[P.S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].] [If you leave the group, you will have to assume the payments for your [Group Name] paid portion of the premiums to maintain your coverage.]

This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] issued to [Group Name], on policy form series 7046, 7050 or 7053, underwritten by Genworth Life Insurance Company. Form numbers can vary by state, including a state specific variation.

46873HC 12/01/11

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## Benefit Eligibility, Limitations and Exclusions

To understand the benefits and features available to you under this Program [go to [www.genworth.com/group]tc] [(Group ID [XXXX] and Access code [XXXX])] [or] call [888.888.8888]. A brief summary of the limitations and exclusions that may apply appears below.

2 1

**Eligibility for Benefits:** Your Group Program can reimburse you, up to your plan limits, for the costs of covered long term care services. You qualify for reimbursement when you need assistance with 2 or more everyday activities which include bathing, continence, dressing, eating, toileting, and transferring out of a bed, chair or wheelchair, and the need is expected to last for at least 90 days; or when you need substantial supervision due to a cognitive impairment, such as Alzheimer's disease. A licensed health care professional must confirm your condition. The services must be part of your plan of care from a licensed health care professional.

**Limitations and Exclusions:** As with any insurance program, certain limitations apply. Charges that are not covered include those for services: [• for which no charge is made] [• received outside of the United States] [• provided by your immediate family [except as covered under the Informal Care benefit]] [• for which benefits are payable by a Worker's Compensation or occupational disease act or law] [• provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [• war or an act of war] [• attempted suicide or self-inflicted injury] [• your participation in a felony, riot or insurrection] [• service in the armed forces or units auxiliary thereto] [• alcoholism or drug addiction].

2 1

**[Pre-Existing Conditions Limitation:** Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]

2 1

**Other Limitations on Benefits:** Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: • Medicare [• any state or federal worker's compensation, employer's liability, or occupational disease law] [• any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid].

2 1

This is a summary of the limitations and exclusions. State variations may apply. The specific language may vary or change the impact of the exclusion. For example, in Oklahoma, the reference to war or act of war is qualified as "war or act of war, while serving in the military service or any auxiliary unit attached to the service..." Check your Outline of Coverage for complete details and any state variations that apply.

<i>SERFF Tracking Number:</i>	<i>GEFA-127927439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50572</i>
<i>Company Tracking Number:</i>	<i>46866_12.01.11_RMI</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group LTC7046.7050.7053</i>		
<i>Project Name/Number:</i>	<i>Group LTC All Products RedMat1/46866_12.01.11</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Explanation of Variability 46866 12.01.11 et al Letters	Filed	<b>Date:</b> 01/06/2012

### Comments:

With our amendment dated 1/5/12 we have added an Addendum to the Explanation of Variability for the form 49177.

### Attachments:

EOV Part1 46866 etal FILE.pdf  
EOV ADDEND Kit Part1 01.05.12.pdf

	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> Forms List for Submitted Advertising 46866 12.01.11 et al	Filed	<b>Date:</b> 01/06/2012

### Comments:

With our amendment dated 1/5/12 we have revised the Forms List to replace that which was previously submitted. Revisions are shown with underscore.

### Attachment:

Group Kit Submission FORMS LIST Amend01.04.12.pdf

**GENWORTH LIFE INSURANCE COMPANY**  
**EXPLANATION OF VARIABILITY**  
For Group Long Term Care Insurance Advertising  
Part 1 - Forms 46866 12/01/11 et al as listed below

Variables in the material account for case specific information and plan design, and are bracketed. The types of variables are indicated based on our standard protocol for variability as follows:

- Type 1 is case/client specific information, such as the specific names related to the issued group policy, and benefit amounts, plan designs, application types, phone numbers, addresses, web addresses, etc., which will be completed with information driven by the specific details of a particular Group Policy.
- Type 2 is material that is in or out depending on the case specific requirements, such as information that may or may not appear for a particular client, such as coverage provisions or plan design elements that may not be part of a particular Group Policy.
- Type 3 has substitute language, depending on the case specific requirements, such as language that will be used to replace a sentence or paragraph driven by the provisions of a specific group program.

The materials are intended for use with group products approved for Genworth Life Insurance Company on the following policy form series: 7046, 7050, and 7053. Only the appropriate benefit descriptions as approved for the policy form will be used for a specific group policy.

**FORMS LISTING**  
**GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL – Part 1**  
**For Use with Policy Form Series 7046, 7050 & 7053**

	<b>Form Number</b>	<b>Title</b>	<b>Type of Solicitation</b>
1	46866 12/01/11	Program Announcement PPR	Invitation to Inquire
2	46869 12/01/11	Program Announcement ACC	Invitation to Inquire
3	46872 12/01/11	Rate Quote Letter PPR	Invitation to Inquire
4	47979 12/01/11	Sample Rate Quote Letter PPR	Invitation to Inquire
5	47979H 12/01/11	Sample Rate Quote Letter PPR	Invitation to Inquire
6	47980 12/01/11	Sample Rate Quote Letter ACC	Invitation to Inquire
7	47980H 12/01/11	Sample Rate Quote Letter ACC	Invitation to Inquire
8	46951 12/01/11	Cover Letter for LTC Booklet PPR	Invitation to Inquire
9	46959 12/01/11	Cover Letter for LTC Booklet ACC	Invitation to Inquire
10	46959C 12/01/11	Cover Letter for LTC Booklet	Invitation to Inquire
11	46872H 12/01/11	Ann Rate Quote Letter PPR	Invitation to Inquire
12	46873 12/01/11	Rate Quote Letter ACC	Invitation to Inquire
13	46873H 12/01/11	Ann Rate Quote Letter ACC	Invitation to Inquire
14	46873HC 12/01/11	Ann Rate Quote Letter	Invitation to Inquire



**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
46866 12/01/11	Program Announcement - PPR	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		eligible [employee]	Insert employee/associate/retiree/member	3
		[With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	1 3 1
		[Next steps: Watch your mail for [your personalized premium quote/additional information.]....The [website and the] free information kit...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or" information" is group specific.	3
		[ • Go to [www.genworth.com/groupltpc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signer	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or.] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee][member in good standing][retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
46869 12/01/11	Program Announcement - ACC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		eligible [employee]	Insert employee/associate/retiree/member	3
		[With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	1 3 1
		[Next steps: Watch your mail for [your personalized premium quote/additional information.]....The [website and the] free information kit...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/grouplpc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-[PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
46872 12/01/11	Rate Quote Letter - PPR	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipents locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		[Carrie Smith]	Insert employee/associate/retiree/member name	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		YOUR MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		[The initial enrollment period ends [month day, year].]	Will not appear for association groups. Insert scheduled end date for the group enrollment period.	2 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
47979 12/01/11	Sample Rate Quote Letter - PPR	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipents locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		Based on a [Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXX ]	Insert "Daily" or "Monthly" and values depending on group plan	1 3 3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		for [a [40]-year-old]	Substitute based on ages of group	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		Age [40] [50] [60]	Substitute based on ages of group	3
		MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
47979H 12/01/11	Sample Rate Quote Letter - PPR	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if available, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		Based on a [Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXX ]	Insert "Daily" or "Monthly" and values depending on group plan	1 3 3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		for [a [40]-year-old]	Substitute based on ages of group	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		Age [40] [50] [60]	Substitute based on ages of group	3
		MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Name]	Insert name or signature from Group or Genworth depending on policyholder preference	1
		[Title]	Insert title of signee	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-JPA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
47980 12/01/11	Sample Rate Quote Letter - AC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipents locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3



**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		Based on a [Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXX]	Insert "Daily" or "Monthly" and values depending on group plan	1 3 3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		for [a [40]-year-old]	Substitute based on ages of group	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		Age [40] [50] [60]	Substitute based on ages of group	3
		MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/grouplpc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-JPA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CERT or 7053CERT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CERT PA or 7053CERT PA will appear.	2 3
47980H 12/01/11	Sample Rate Quote Letter - ACC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipents locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		Based on a [Daily/Monthly] benefit of \$[XXX] and a Total Coverage of \$[XXXX ]	Insert "Daily" or "Monthly" and values depending on group plan	1 3 3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		for [a [40]-year-old]	Substitute based on ages of group	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		Age [40] [50] [60]	Substitute based on ages of group	3
		MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or,] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee][member in good standing][retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-[PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
46951 12/01/11	Cover Letter LTC Booklet - PPR	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[Group Name] [has added/offers] Group Long Term Care Insurance as part...	Insert group name; Substitute language for ERISA vs. Non-ERISA groups.	1 3 3
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[To learn more about how long term care insurance can help you and your family:	In or out depending on whether group has a web site	2
		[ i Go to [www.genworth.com/grouplrc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or.] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CERT or 7053CERT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CERT PA or 7053CERT PA will appear.	2 3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
46959 12/01/11	Cover Letter LTC Booklet -ACC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[Group Name] [has added/offers] Group Long Term Care Insurance as part...	Insert group name; Substitute language for ERISA vs. Non-ERISA groups.	1 3 3
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[To learn more about how long term care insurance can help you and your family:	In or out depending on whether group has a web site	2
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or.] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee] [member in good standing] [retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CERT or 7053CERT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CERT PA or 7053CERT PA will appear.	2 3
46959C 12/01/11	Cover Letter LTC Booklet	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		...Group Long Term Care Insurance [to/for [your/our...]	Substitute language for ERISA vs. Non-ERISA groups	1 2 3
		[You now have a limited-time opportunity to apply for additional coverage (buy-up).]	Insert on a case specific basis	3
		[To learn more about how long term care insurance can help you and your family:	In or out depending on whether group has a web site	2
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[P.S. With this Group long Term Care Insurance Program [there is no medical underwriting] [or.] [you have streamlined underwriting] [depending on your age and the plan you choose] if you are an eligible [full-time/ or part-time]] [actively-at-work employee][member in good standing][retiree] [under age [XX]] and apply during this enrollment period. This is a limited time offer and will not be available each year with the same terms.] [P.S. Review your coverage options now...may keep you from qualifying for coverage later.]]	The first P.S. statement will appear or be replaced by the second P.S. depending on group underwriting determined for the group; Underwriting type and eligibility criteria, including employee type and age, are based on group.	2 3 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
46872H 12/01/11 Ann-Rate Quote Letter - PPR		[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear [Carrie]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipents locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		[Carrie Smith]	Insert employee/associate/retiree/member name	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		YOUR MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/grouppltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Name]	Insert name or signature from Group or Genworth depending on policyholder preference	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	1 3 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
46873 12/01/11	Rate Quote Letter - ACC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[JOHN SMITH]	Insert employee/associate/retiree/member name	3
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3



**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		averages \$[XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		YOUR MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Signature]	Insert signature from Group name if from sponsor or signature from Genworth Life Insurance Company if from Genworth	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		[The initial enrollment period ends [month day, year].]	Will not appear for association groups. Insert scheduled end date for the group enrollment period.	2 1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care, [75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[For example, [in Idaho,] the certificate number may read 7046CERT-[ID, and][in Pennsylvania, 7046CERT-[PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CRT or 7053CRT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CRT PA or 7053CRT PA will appear.	2 3
46873H 12/01/11	Ann-Rate Quote Letter - ACC	[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		Under [the [Group Name]/this]	Insert group name or "this" for non-ERISA group plan	1 3
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		[JOHN SMITH]	Insert employee/associate/retiree/member name	3
		starting at [\$XX.XX] per month	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		YOUR MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	In or out depending on whether group has a web site; Insert case specific URL, and login credentials- Group ID and Access Code- if needed.	2 1
		[ i Go to [www.genworth.com/groupltc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		[The website and][T/t]he free information kit contain[s]	Substitute and syntax depending on whether group has a web site.	3
		[Name]	Insert name or signature from Group or Genworth depending on policyholder preference	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care,[75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
46873HC 12/01/11	Ann-Rate Quote Letter -	This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2
		[Genworth logo/Group logo]	Insert group logo if from program sponsor; Genworth logo if from Genworth Life Insurance Company (Genworth Life)	1
		[Group Name]	Insert group name	1
		[Voluntary]	Insert if group is voluntary	2
		[Employee] Benefits or [employee] benefit	Insert employee/associate/retiree/member	3
		[Now]	Insert if this is a new offering for the group.	2
		[ENROLL BETWEEN MONTH, DAY YEAR...]	Insert group enrollment period, may be deleted if association	1 2
		Dear[John]	Insert employee/associate/retiree/member first name	3
		[new]	Insert if this is a new offering for the group.	2
		[We/They]	If from program sponsor insert We; if from Genworth insert They	3
		[and keep rising]	Will update statistics annually and remove if no longer true	2
		[private]	insert private or semi private	3
		[a/an]	syntax depends on following word	3
		[Metro area, State]/State]	insert cost of care location based on recipient address, metro if availabel, state if not	3
		averages \$[XX,XXX ] per year	Insert cost of care for recipients locale based on Genworth Annual Cost of Care Survey. Will be updated annually.	3
		[hundreds of thousands of dollars/at least \$[xxx,xxx]]	Substitute depending on whether 3 years of care in recipients locality exceeds two hundred thousand dollars or not	2 3
		[...coverage for eligible [employees] [and][their[spouses] [or] [domestic] partners]	Terms will appear per eligibility determined for the group	1
		A [Daily/Monthly] benefit of \$[xxx,xxx]	"Daily" or "Monthly will appear based on group program selection. Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1 3
		The [Buy more coverage over time] benefit increase option	Insert depending on the group plan's available increase option selected by policyholder for the letter	1
		[The[Group Name]This]	Insert the Group name or "This" for non-ERISA group plan	1
		[The premium that [group name] pays for your basic... options you select.]	Will appear if group policyholder pays premium for (core) coverage	2 1
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3
		[Group Name's/This]	Insert group name or "This" for non-ERISA group plan	1
		[JOHN SMITH]	Insert employee/associate/retiree/member name	3

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		age [of [XX]/as of [date]]	Recipient's age as of the date group premiums are calculated for the offer	3
		YOUR MONTHLY COST \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on premium for program selected by policyholder; when inserted, form # 49177 "Benefit Eligibility Limitations and Exclusions" will be included with the piece.	1
		[DAILY/MONTHLY] BENEFIT \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on type of plan selected by policyholder. DAILY or MONTHLY will appear.	1
		TOTAL COVERAGE \$[XXXX] \$[XXXX] \$[XXXX]	Insert depending on plan selected by policyholder	1
		1. Genworth [2011] Cost of Care Survey conducted by CareScout [04/11].	Insert from most current survey published prior to publication date of the offer.	3
		2. Genworth Life Insurance Company, business operations information, 12/1974 through [3/2011]	Will be updated as future business operations information is available, and at least every two years.	3
		3. Assumes the "Buy more coverage over time" benefit increase protection, [75%] of the [Daily/Monthly] Benefit available for Assisted Living care, [75%] of the [Daily/Monthly] Benefit available for home care [and does not include other optional benefits]. A waiting period of [90] [calendar/service] days applies.	References to options will vary depending on plan selected by policyholder.	1
		[Learn more! Now that you've seen just how...and any restrictions that apply.]	Will not appear if group case is agent assisted. Reference to either "premium quote" or "information" is group specific.	3
		[ i Go to [www.genworth.com/grouplrc] to learn more about this Program or to enroll on line. [Use Group ID [XXXXX]] and Access code [XXXX], or]	In or out depending on whether group has a web site; Insert case specific Group ID and Access Code	2 1
		[888-888-8888]	Insert phone number on a case specific basis	1
		The [website and the] free information kit contain[s]...	Delete reference to website if not available; syntax change depends on whether group has a web site.	2
		[Name]	Insert name or signature from Group or Genworth depending on policyholder preference	1
		[Title]	Insert title of signee	1
		[Genworth Life Insurance Company]/[Group Name]	Insert Genworth Life Insurance Company if from Genworth or group's name	3
		[P. S. With this Program, the coverage is portable, so it can move with you if you [change jobs[, retire] or ]leave [the group/Group Name].]	Will or will not appear depending on group case specifics. Per the applicant type, insert "change jobs" for eligible employees, "retire" for eligible retirees. Insert group specific portability rules; Replace "group" with "company" or insert the Group Name or other similar group description.	2 3 1
		[If you leave the group, you will have to assume the payments ...to maintain your coverage.]	Will appear if group policyholder pays premium for (core) coverage	2 1
		This material is part of a solicitation for Group Long Term Care Insurance under Group Policy number [XXXXX] ...	Group policy number varies by group.	1 2

**Genworth Life Insurance Company**  
**Explanation of Variability for Advertising - Part 1**  
**Group Long Term Care Insurance Forms 46866 12/01/11 et al**

Form	Title	Variable Text [***]	Explanation	Var Type
		[For example, [in Idaho,] the certificate number may read 7046CERT[-ID, and][in Pennsylvania, 7046CERT-]PA.]	Will appear only in ID or PA-sitused cases, respectively. In ID the form number 7046CERT-ID, 7050CERT or 7053CERT ID will appear. In PA, the form number 7046CERT-PA (and 02/09 may/may not follow), 7050CERT PA or 7053CERT PA will appear.	2 3
End EOV here				

**GENWORTH LIFE INSURANCE COMPANY**  
**Addendum 1 to Part 1 EXPLANATION OF VARIABILITY**  
**For Group Long Term Care Insurance Advertising**  
**Form 49177 07/01/11**

Variables in the material account for case specific information and plan design, and are bracketed. The types of variables are indicated based on our standard protocol for variability as follows:

- Type 1 is case/client specific information, such as the specific names related to the issued group policy, and benefit amounts, plan designs, application types, phone numbers, addresses, web addresses, etc., which will be completed with information driven by the specific details of a particular Group Policy.
- Type 2 is material that is in or out depending on the case specific requirements, such as information that may or may not appear for a particular client, such as coverage provisions or plan design elements that may not be part of a particular Group Policy.
- Type 3 has substitute language, depending on the case specific requirements, such as language that will be used to replace a sentence or paragraph driven by the provisions of a specific group program.

The materials are intended for use with group products approved for Genworth Life Insurance Company on the following policy form series: 7046, 7050, and 7053. Only the appropriate benefit descriptions as approved for the policy form will be used for a specific group policy.

**FORMS LISTING**  
**GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL – Part 1 Addendum 1**  
**For Use with Policy Form Series 7046, 7050 & 7053**

<b>Form Number</b>	<b>Title</b>	<b>Type of Solicitation</b>
<u>49177 07/01/11</u>	<u>Benefit Eligibility Limitations &amp; Exclusions</u>	<u>Invitation to Contract</u>

Genworth Life Insurance Company  
Addendum 1 to Explanation of Variability  
49177 07/01/11  
Administrator: 1= Case Specific: 2= In or Out 3= Substitute Text

Form	Title	Variable Text [***]	Explanation	Var Type
49177 07/01/11	<b>Benefit Eligibility, Limitations and Exclusions</b>	[go to www.genworth.com/groupplc (Group ID [XXXX] and Access code [XXXX]) [or]] call	In or out, depending on whether website is available. URL, ID, Access Code and phone varies based on group	2 1
		[888 888.8888]	Determined based on group	1
	<b>Limitations and Exclusions</b>	[• for which no charge is made] [• received outside the United States] [• provided by your immediate family[, except as provided under the Informal Care Benefit]] [• for which benefits are payable by a Workers Compensation or occupational disease act or law] [• provided by a Veteran's Administration or other federal government facility, unless a valid charge is made]. Charges are also not covered if they are for services that are required because of: [• war or act of war] [• attempted suicide or self-inflicted injury] [• your participation in a felony, riot or insurrection] [• services in the armed forces or units auxiliary thereto] [• alcoholism or drug addiction].	Exclusions shown may be deleted or replaced by situs state approved language if applicable to the group.	2 1
	<b>Pre-Existing Conditions Limitation</b>	[Pre-Existing Conditions Limitation: Covered expenses incurred for any care or confinement that is a result of a pre-existing condition when the care or confinement begins within [six/twelve] months following your initial certificate effective date will not be covered. A pre-existing condition means a condition (illness, disease, injury or symptom) for which medical advice or treatment was recommended by, or received from, a health care professional within six months prior to your initial certificate effective date. [If you're required to answer questions about your health as part of your application, this pre-existing conditions limitation will not apply to you.]]	In or out based on group plan design. The number of months is based on group plan design. Last sentence will not appear if guaranteed issue is only application type used.	2 1
	<b>Other Limitations on Benefits</b>	Benefits [under the Program coordinate with other [group] long term care insurance meaning that the sum of all benefits you receive will not exceed the actual charges. And, benefits] will not duplicate benefits received under another insurance program such as: • Medicare [• any state or federal worker's compensation, employer's liability, or occupational disease law] [• any other federal, state or government health care or long term care program[ (including the Community Living Assistance Services and Supports Act – CLASS Act)], or law except Medicaid].	Reference to coordination provisions may be deleted depending on the group. Reference to "group" insurance may also be deleted. Both are based on the specifics of the issued group policy.	2 1
End EOV here				



**FORMS LISTING**  
**GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL – Part 1 Amended 1/04/12**  
**For Use with Policy Form Series 7046, 7050 & 7053**

	<b>Form Number</b>	<b>Title</b>	<b>Type of Solicitation</b>
1	46866 12/01/11	Program Announcement PPR	Invitation to Inquire
2	46869 12/01/11	Program Announcement ACC	Invitation to Inquire
3	46872 12/01/11	Rate Quote Letter PPR	Invitation to <u>Contract</u>
4	47979 12/01/11	Sample Rate Quote Letter PPR	Invitation to <u>Contract</u>
5	47979H 12/01/11	Sample Rate Quote Letter PPR	Invitation to <u>Contract</u>
6	47980 12/01/11	Sample Rate Quote Letter ACC	Invitation to <u>Contract</u>
7	47980H 12/01/11	Sample Rate Quote Letter ACC	Invitation to <u>Contract</u>
8	46951 12/01/11	Cover Letter for LTC Booklet PPR	Invitation to Inquire
9	46959 12/01/11	Cover Letter for LTC Booklet ACC	Invitation to Inquire
10	46959C 12/01/11	Cover Letter for LTC Booklet	Invitation to Inquire
11	46872H 12/01/11	Ann Rate Quote Letter PPR	Invitation to <u>Contract</u>
12	46873 12/01/11	Rate Quote Letter ACC	Invitation to <u>Contract</u>
13	46873H 12/01/11	Ann Rate Quote Letter ACC	Invitation to <u>Contract</u>
14	46873HC 12/01/11	Ann Rate Quote Letter	Invitation to <u>Contract</u>
15	<u>49177 07/01/11</u>	<u>Benefit Eligibility, Limitations and Exclusions</u>	<u>Invitation to Contract</u>

SERFF Tracking Number:	GEFA-127927439	State:	Arkansas
Filing Company:	Genworth Life Insurance Company	State Tracking Number:	50572
Company Tracking Number:	46866_12.01.11_RMI		
TOI:	LTC03G Group Long Term Care	Sub-TOI:	LTC03G.001 Qualified
Product Name:	Group LTC7046.7050.7053		
Project Name/Number:	Group LTC All Products RedMat1/46866_12.01.11		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/27/2011	Supporting Document	Explanation of Variability 46866 12.01.11 et al Letters	01/05/2012	EOV Part1 46866 etal FILE.pdf
12/27/2011	Supporting Document	Forms List for Submitted Advertising 46866 12.01.11 et al	01/05/2012	Group Kit Submission Letter FORMS LIST.pdf (Superceded)

**FORMS LISTING**  
**GROUP LONG TERM CARE INSURANCE MARKETING MATERIAL – Part 1**  
**For Use with Policy Form Series 7046, 7050 & 7053**

	<b>Form Number</b>	<b>Title</b>	<b>Type of Solicitation</b>
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13	46873H 12/01/11	Ann Rate Quote Letter ACC	Invitation to Inquire
14	46873HC 12/01/11	Ann Rate Quote Letter	Invitation to Inquire